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36257 7590 03/01/2006

PARSONS HSUE & DE RUNTZ LLP
595 MARKET STREET
SUITE 1900
SAN FRANCISCO, CA 94105

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

FILED VIA EPS	
(Depositor's name)	(Signature)
(Date)	

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/033,219	12/27/2001	Wing-Chi Chow	M-12299 US	7386
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TITLE OF INVENTION: TECHNIQUE FOR DETERMINING THE SLOPE OF A FIELD PIXEL

APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	06/01/2006
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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NATNAEL, PAULO S M	2614	348-448000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO SB-122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Parsons Hsue &
 2. de Runtz LLP
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Zoran Corporation

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 2

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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized to pay the required fee(s) by deposit account number 502664 (attach an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Michael G. Cleveland

Date May 31, 2006

Typed or printed name Michael G. Cleveland

Registration No. 46,030

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